

Name
in
Full

Jane Elizabeth Birch
Easton ^{Town} Talbot ^{County}

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1940

Month

5

Day

8

Age

64

Years

Months

5

Days

15

Sex

Female

Color or
Race

white

Birth-
place

Juan Anne

Occupation

Housewife

Where Residing if not
at place of death

Hillsboro

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Alexander Birch

Father's
Name

Edward W. Ford

Father's
Birthplace

Juan Anne

Mother's
Maiden Name

Elizabeth W. Ford

Mother's
Birthplace

" "

Name of person giving
Information

Mrs. Wm. Mentzer

How related
to deceased

daughter

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Pulmonary abscess

How long

98

Mo.

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. J. Wainman

Address

Easton Md

PHYSICIAN
OR CORONER

Accident or Suicide

Herbertson

Name
in
Full

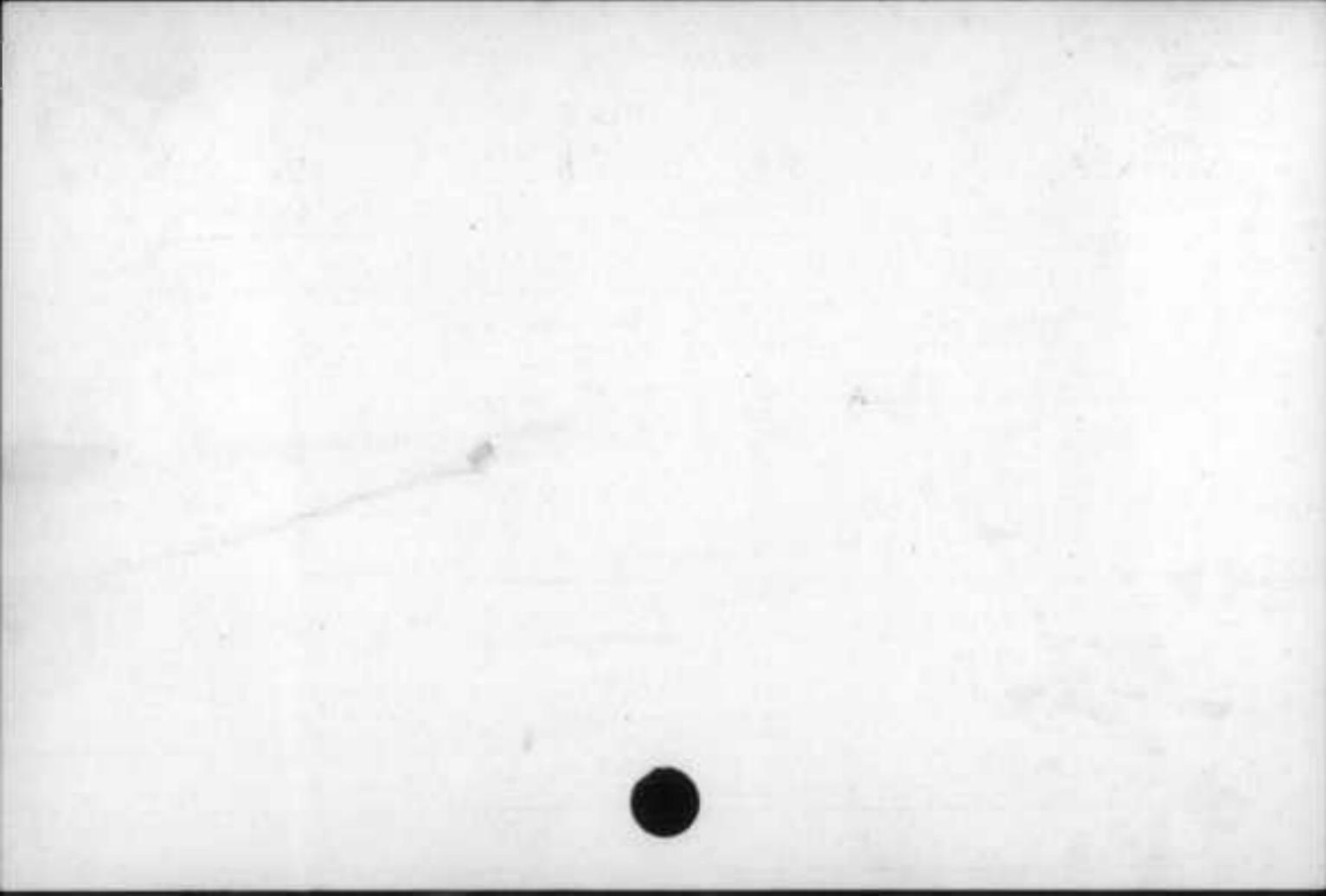
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cordova</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1980</i>	Month	<i>May</i>	Day	<i>24</i>
Age		<i>18</i>	Years	<i>6</i>	Months
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Cordova</i>
Occupation	<i>Servant, girl</i>		Where Residing if not at place of death <i>Cordova</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Garrick Collins</i>		Father's Birthplace	<i>Talbot Co</i>	
Mother's Maiden Name	<i>Kitty Hughes</i>		Mother's Birthplace	<i>Talbot Co</i>	
Name of person giving information	<i>Joseph T. Warner</i>		How related to deceased	<i>Neighbor</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Syphilis</i>	How long	<i>Two years</i>
	Immediate	<i>Nephritis</i>	How long	<i>Several Months</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Outstitt</i>
		Address	<i>Cordova</i>	
	Accident or Suicide?	<i>No</i>		<i>md.</i>



Name in Full

John Washington Kemp Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

MARYLAND

Town *Tilghman* County *Talbot*

Died at *Tilghman*

Date of death *1940* Month *May* Day *19* Age *66* Years Months *4* Days *12*

Sex *Male* Color or Race *White* Birth-place *Tilghman Md*

Occupation *Oysterman* Where Residing if not at place of death *Tilghman Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah A. Cummings*

Father's Name *Larimore Cummings* Father's Birthplace *Talbot Co*

Mother's Maiden Name *Margaret Gibson* Mother's Birthplace *Somerset Co.*

Name of person giving information *Sarah A. Cummings* How related to deceased *Wife*

CAUSES DEATH

PHYSICIAN OR CORONER

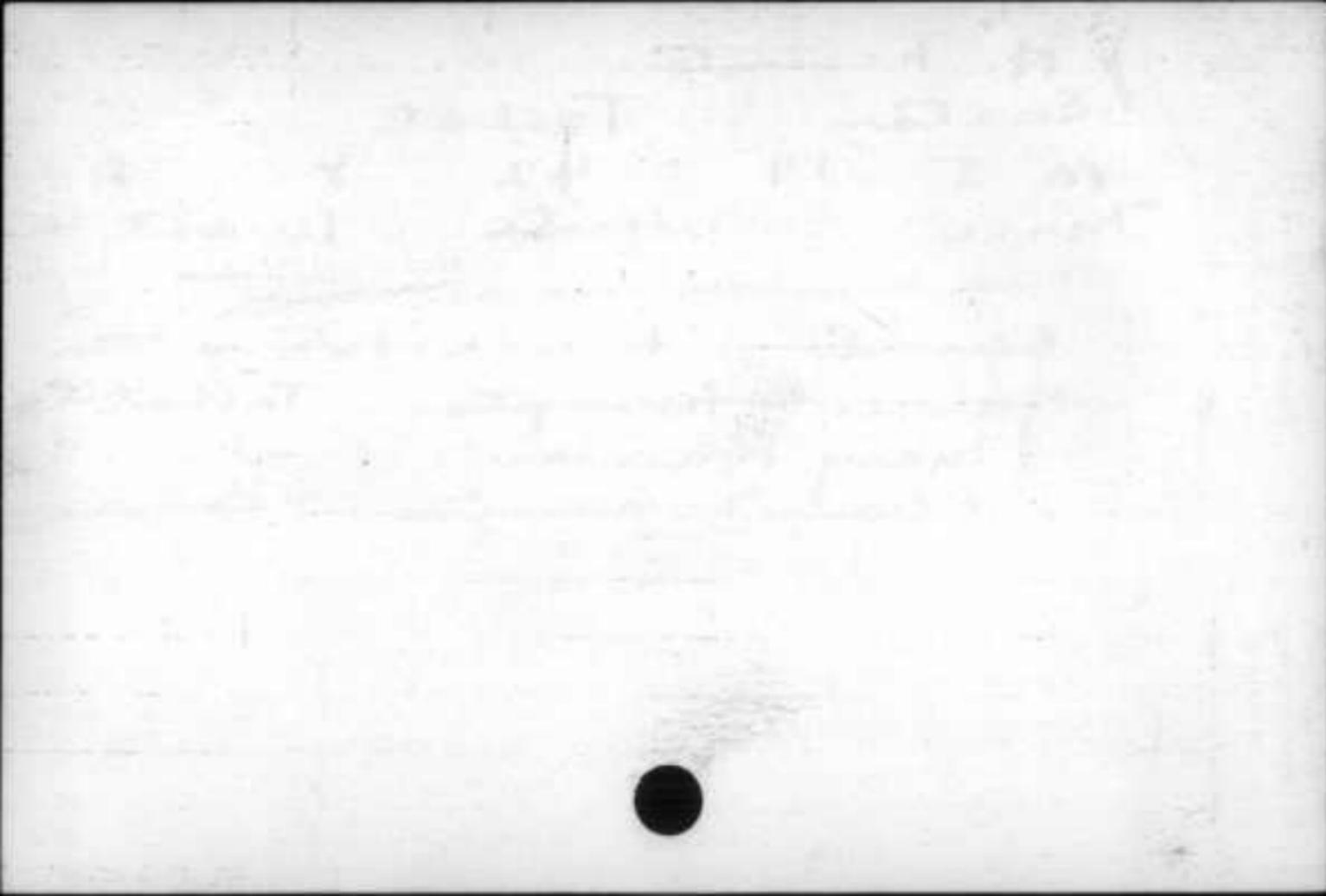
Primary *Calculus Pyelitis* How long *6 mos*

Immediate *Congestion of lungs* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. Kennedy Nelson* Address *Tilghman Md*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

J. H. Hampton

Died at

Town
Easton

County

Tallbot

MARYLAND

Date
of death

1910

Month

5

Day

19

Age

42

Months

8

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Tallbot Co.

Occupation

Workman

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Fannie Hampton

Father's
Name

James E. Hampton

Father's
Birthplace

Tallbot Co.

Mother's
Maiden Name

Mary Harrison

Mother's
Birthplace

" "

Name of person giving
Information

Charles W. Hampton

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

28 years

Immediate

Emphysema

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. L. Williams
Easton

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rooster E Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Easton Town Talbot County

Date of death 1910 May Month 16 Day Age 19 Years Months X Days X

Sex Female Color or Race Black Birth-place Talbot Co

Occupation House girl Where Residing if not at place of death X

~~Married~~ Single Name of Wife or Husband X

Father's Name Henry Jones Father's Birthplace Talbot Co

Mother's Maiden Name Roanoke Gamish Mother's Birthplace Laurens

Name of person giving Information Henry Jones How related to deceased Father

CAUSES OF DEATH

Primary Phthisis Pulmonaris How long 27 28 4 mos

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician F. R. Merritt
Address Century Hill

PHYSICIAN
OR CORONER

Accident or Suicide

Dr. Smith

Name
In
Full

CERTIFICATE OF DEATH

Died at *Wittman* Town *Laird* County *Talbot* MARYLANDDate of death 19*40* Month *5* Day *19* Age Years Months *5* Days *2*Sex *Male* Color or Race *White* Birth-place *Wittman*Occupation _____ Where Residing if not at place of death *Wittman*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Isaac B Laird* Father's Birthplace _____Mother's Maiden Name *Lidia M Sewell* Mother's Birthplace *Talbot co*Name of person giving information *Isaac B Laird* How related to deceased *Father*

CAUSES OF DEATH

Primary *Inflammation of Bowels**1041* ✓
How long

How long

Immediate _____
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. E. Willey
St. Michaels

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Mariah Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died at *Mr Young's* Town *Easton* County *Talbot* MARYLAND

Date of death 1998 ¹⁰ Month *May* Day *18th* Age *64* Years Months *8* Days

Sex *woman* Color or Race *white* Birth-place *Ferry neck Talbot-Co.*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *Joshua Leonard,* Father's Birthplace *Talbot-Co.*

Mother's Maiden Name *Margaret-Ann Webster,* Mother's Birthplace *Somerset-Co.*

Name of person giving Information *Rebecka Swift-* How related to deceased *Sister.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hemorrhage of stomach* How long *10 min*

Immediate *Exhaustion* How long *few minutes*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. F. Davidson,* Address *Easton Md.*

Accident or Suicide



Name
in
Full

Samuel Louing

CERTIFICATE OF DEATH

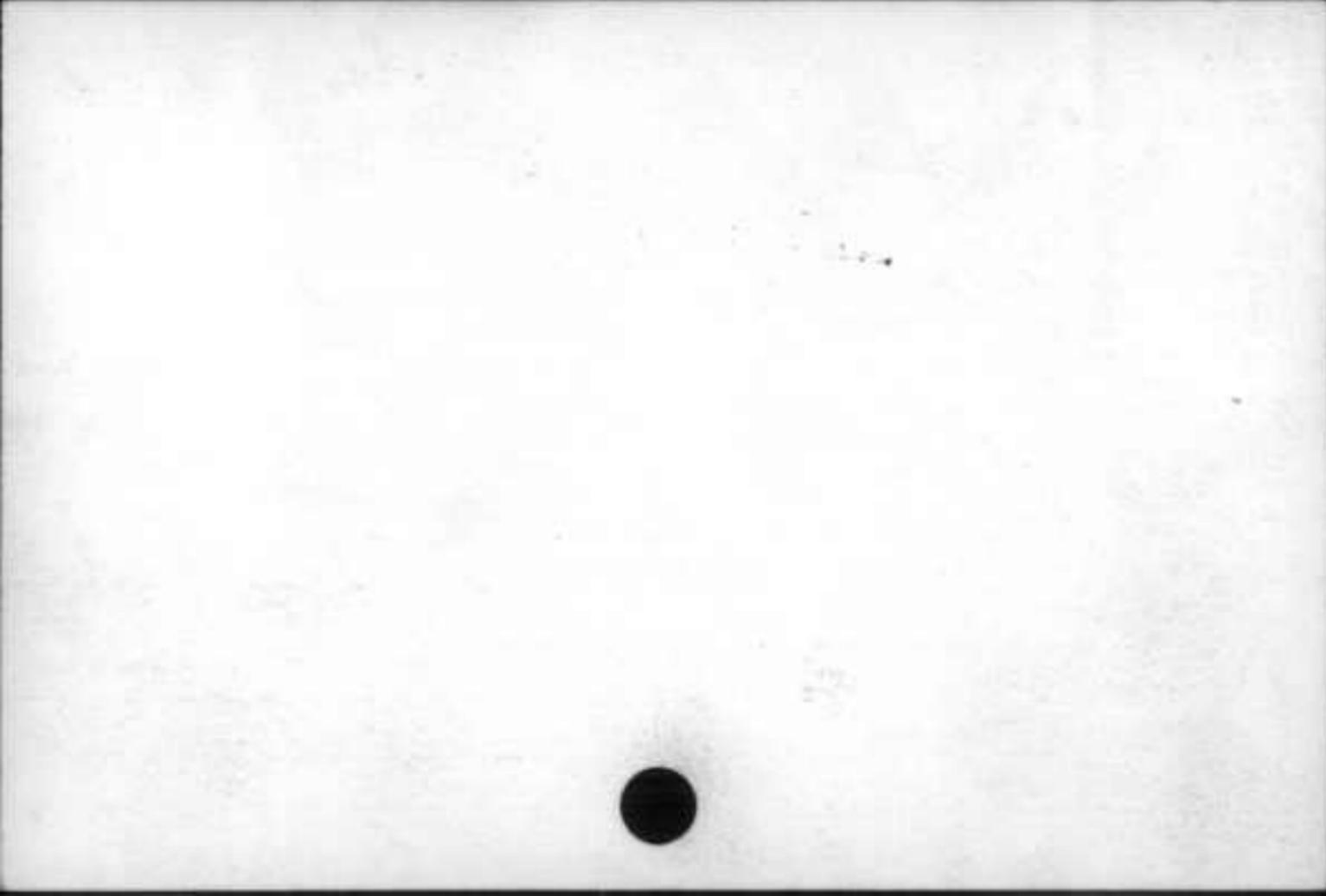
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Easton ^{County} Taiboloo **MARYLAND**
 Date of death 1900 ^{Month} May ^{Day} 3 Age ^{Years} 76 ^{Months} X ^{Days} A
 Sex Male Color or Race white Birth-place Baltimore
 Occupation Farmer Where Residing if not at place of death Same
 Married, Single or Widowed widower Name of Wife or Husband Do not know
 Father's Name Do not know Father's Birthplace Do not know
 Mother's Maiden Name Do not know Mother's Birthplace Balto
 Name of person giving Information Rose Cooper How related to deceased friend

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary Inflammation of eye  How long 7 years
 Immediate Ophthalmia How long 2 or 3 months
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. R. Trappe
 Address Easton Md
~~Accident or Suicide~~



Name
in
Full

Virginia Longfellow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND			
Date of death		19	Month 0 May	Day 29	Age 18	Years	Months 5	Days 11	
Sex		Female		Color or Race		White		Birth-place	Maryland
Occupation		Lady		Where Residing if not at place of death		Greensborough			
Married, Single or Widowed		Single		Name of Wife or Husband		-			
Father's Name		Johnathan B. Longfellow		Father's Birthplace		Delaware			
Mother's Maiden Name		Florence Carter		Mother's Birthplace		Maryland			
Name of person giving information		J.R. Rauphey		How related to deceased		Uncle -			

CAUSES OF DEATH

Primary	Acute Gastritis	How long	3 wks
Immediate	Gastric Hemorrhage (Hæmophilia)	How long	4 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. J. Davidson,
		Address	Easton, Md.

PHYSICIAN
OR CORONER

Following a suspected diphtheria throat affection, doses of anti-toxin were used; hemorrhage developed from the lungs and uterus. The immediate cause of death was massive internal hemorrhage.



Name
in
Full

Rebecca Jane Douglas Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

MARYLAND

Died at		Town Oxford		County Talbot			
Date of death	1900	Month May	Day 18	Age	Years 81	Months one	Days one
Sex	Female		Color or Race	White		Birth- place	Talbot Co. Md.
Occupation	No.			Where Residing if not at place of death		Oxford, Md	
Married, Single or Widowed	Widow		Name of Wils or Husband	Thomas H. Matthews.			
Father's Name	Hon Nicholas Martin				Father's Birthplace	Talbot Co. Md	
Mother's Maiden Name	Sarah Glen Douglas				Mother's Birthplace	Londonary Ireland.	
Name of person giving In formation	Nicholas Martin Matthews				How related to decedent	Son	

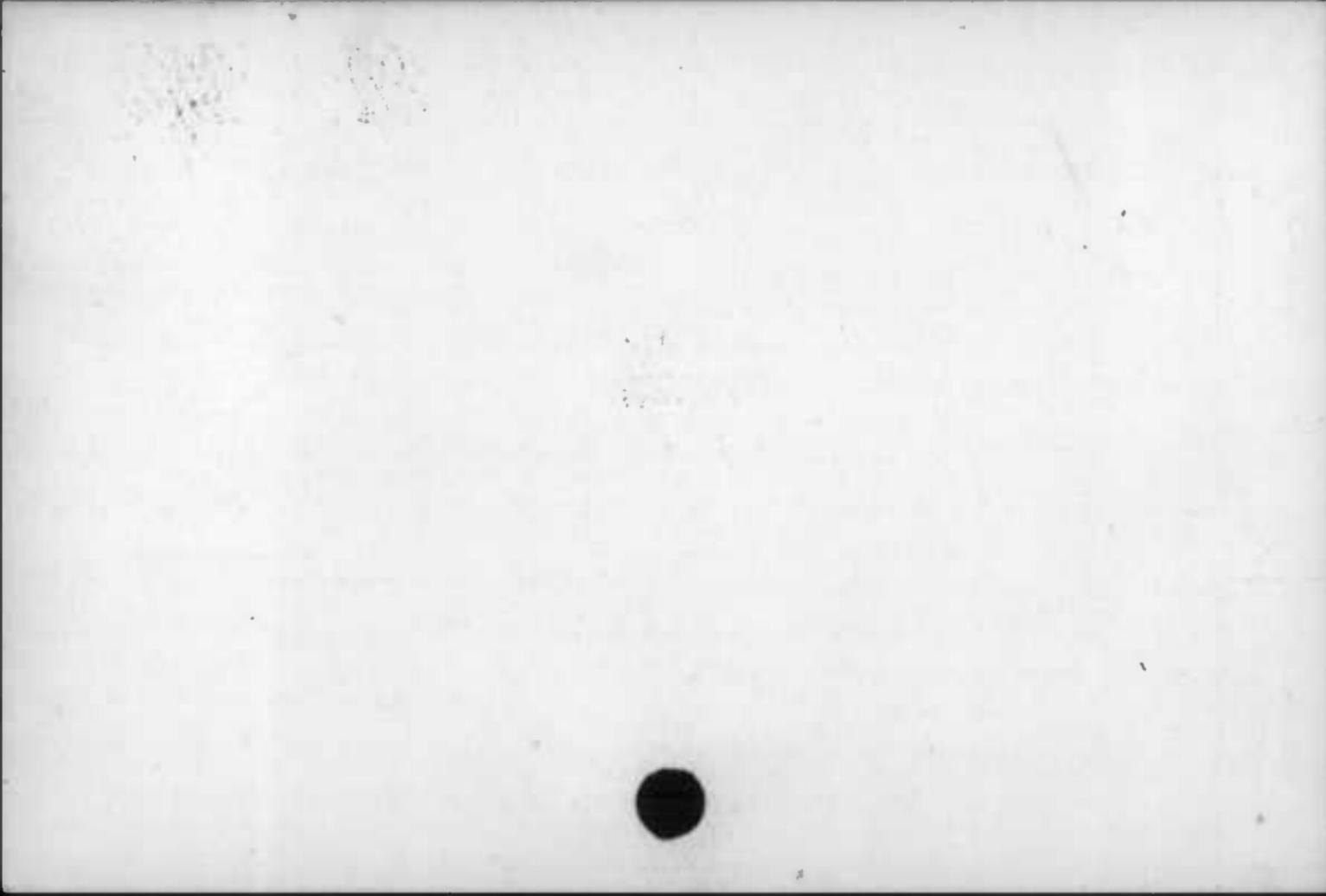
CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

H

Primary	Tubercular Heart disease Effects of old age -		How long	1 year.
Immediate	Heart Failure -		How long	1 hour.
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	J. M. Cecchi M.D.
			Address	Oxford Md.
Accident or Suicide?	_____		_____	



Name
In
Full

CERTIFICATE OF DEATH

William Clyde Pope

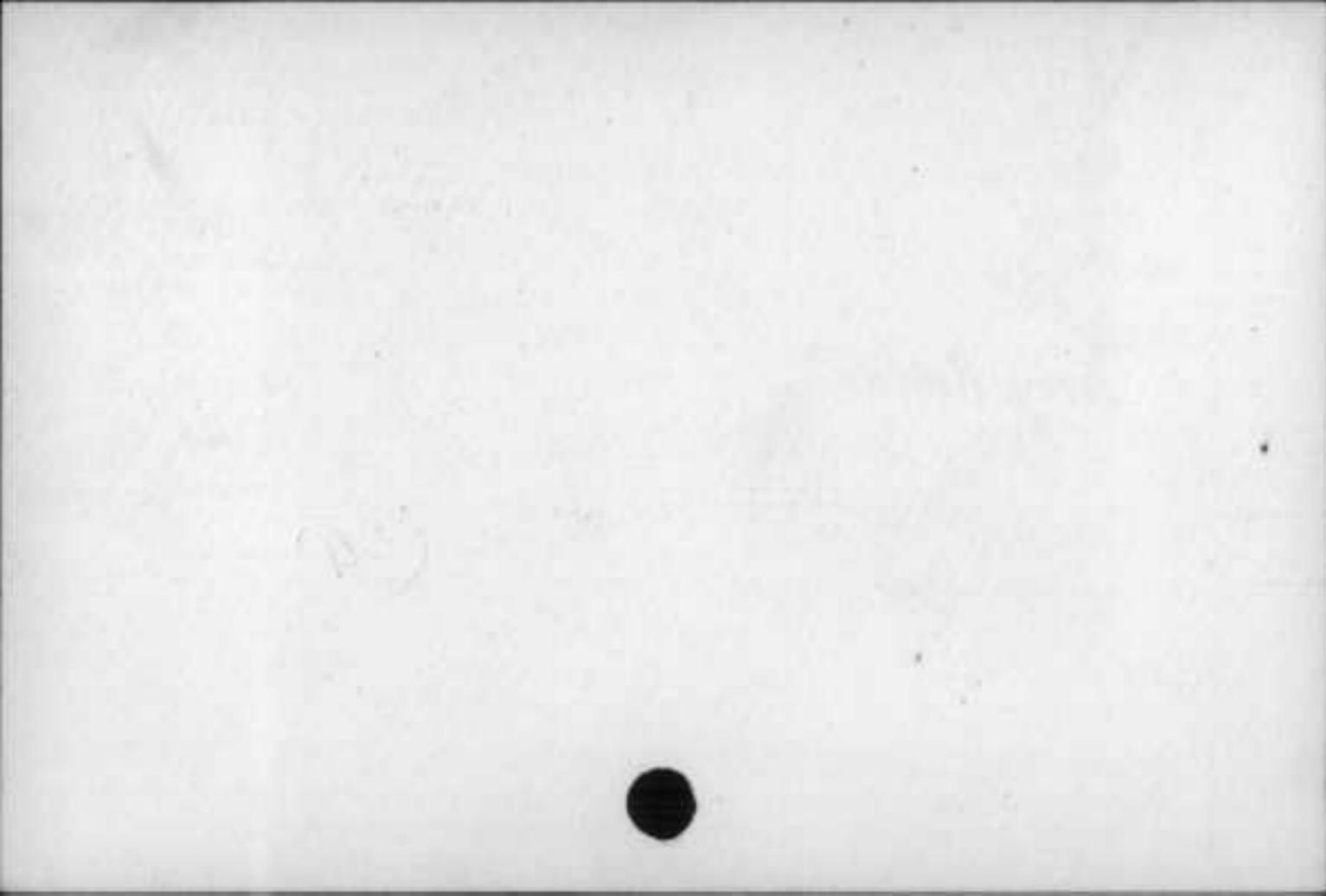
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oxford		County Talbot		MARYLAND						
Date of death	1940	Month	May	Day	23	Age	Years	22	Months	03	Days	27
Sex	Male		Color or Race	White			Birth-place	Oxford Md				
Occupation	Oysterman			Where residing if not at place of death								
Married, Single or Widowed	Single		Name of Wife or Husband	Sarah Ann Williams								
Father's Name	St. Francis Pope						Father's Birthplace	Wester Co				
Mother's Maiden Name	Sarah Ann Williams						Mother's Birthplace	Somerset Co				
Name of person giving information	George Barnes						How related to deceased	Nephew				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs		How long	9 months
Immediate	Heart Failure		How long	26 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	L. T. Roberts
			Address	Oxford Md
Accident or Suicide?				



Name
in
Full

Harriet Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Prisquill Farm</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u>	Month <u>5</u>	Day <u>24</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Blk</u>	Where Residing if not at place of death <u>Prisquill Farm</u>			
Occupation <u>None</u>	Name of Wife or Husband <u>Rosa Roberts</u>				
Married, Single or Widowed	Father's Name <u>Perry Roberts</u>		Father's Birthplace <u>Prisquill Farm</u>		
Mother's Maiden Name <u>Rosa Blackman</u>	Mother's Birthplace <u>Talbot Co</u>		How related to deceased <u>Father</u>		
Name of person giving Information <u>Perry Roberts</u>					

CAUSES OF DEATH

Primary	<u>Hemorrhage around Umbilicus</u>	How long <u>15 M</u> ✓
Immediate	<u>Exhaustion</u>	How long <u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Chas. J. Davidson</u>
Accident or Suicide <u>—</u>		Address <u>Easton, Md.</u>

PHYSICIAN
OR CORONER



Name in Full

Joseph S. Redden Seymour

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Easton ^{Town} Talbot ^{County} MARYLAND

Date of death 1910 ^{Month} May ^{Day} 19 Age ^{Years} 30 ^{Months} 4 ^{Days} 18

Sex Male Color or Race White Birth-place Talbot Co

Occupation Landman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Seymour

Father's Name Walter J Seymour Father's Birthplace Talbot Co

Mother's Maiden Name Lucy A. Bartlett Mother's Birthplace Talbot Co

Name of person giving Information Mrs. H. M. Cohee How related to deceased Sister

CAUSES OF DEATH

26 ✓

PHYSICIAN OR CORONER

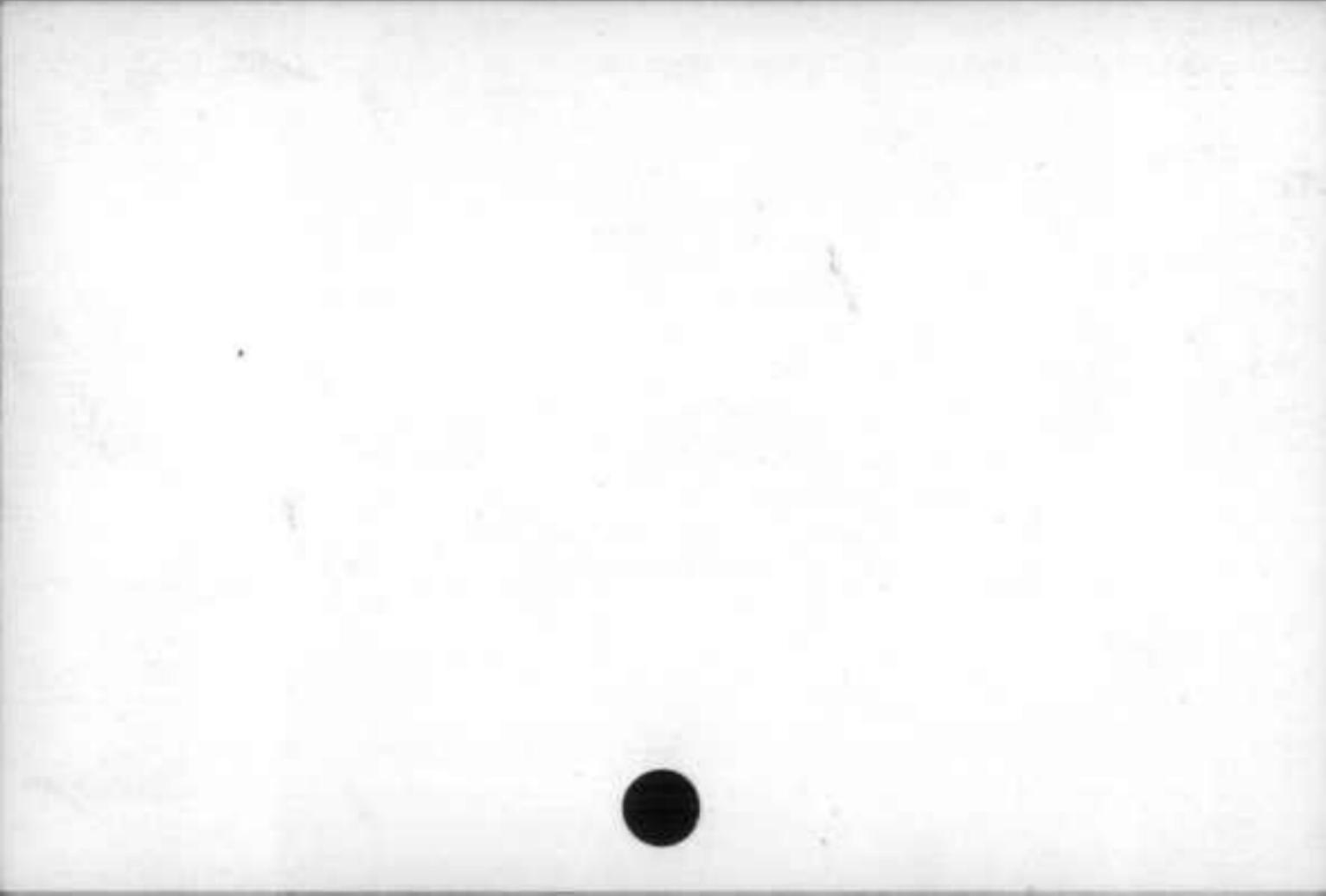
Primary Tuberculosis of the throat How long 15 mos

Immediate Exhaustion How long few wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. H. Dandow,
Address Easton Md.

Accident or Suicide



Name in Full

Murray-Amias Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

✓

Died at Grapple Town Talbot County MARYLAND

Date of death 1900 Month 5 Day 3 Age 6 Months 6 Days —

Sex Male Color or Race negro Birth-place Talbot Co, Md

Occupation none Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Charles Webb Father's Birthplace Talbot Co, Md

Mother's Maiden Name Martha Smith Mother's Birthplace " " "

Name of person giving Information " " How related to deceased mother

CAUSES OF DEATH

Primary Malnutrition How long 3 months

Immediate convulsions How long 5 min -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Joseph A. Ross, MD
Address Grapple, Md

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PHYSICIAN OR CORONER

✓

Accident or Suicide



Name
in
Full

Melwood Stanley

CERTIFICATE OF DEATH

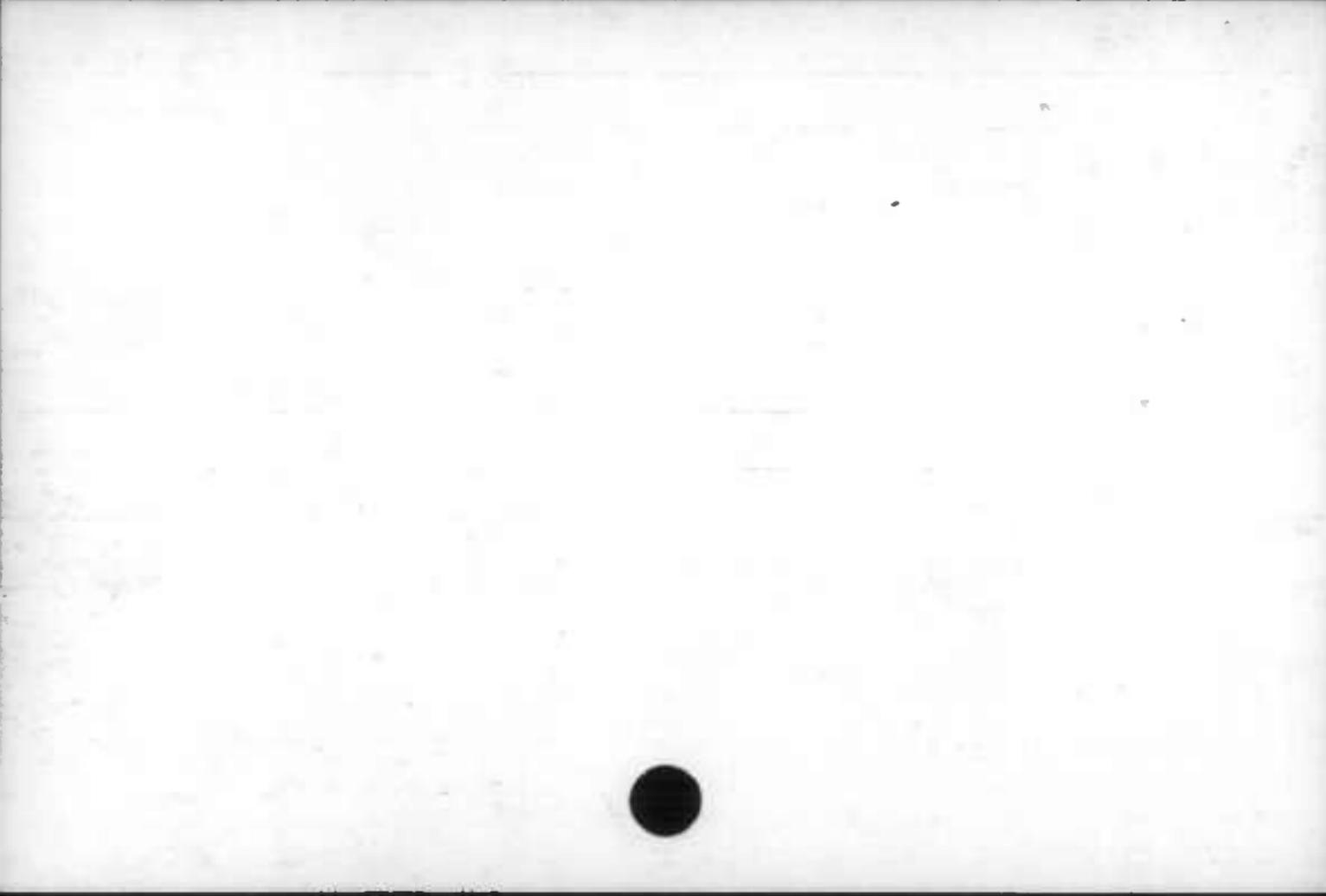
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Prappe</i>		Town <i>Prappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1990</i>		Month <i>5</i>	Day <i>11</i>	Age <i>5</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>negro</i>		Birth-place <i>Talbot Co. Md</i>			
Occupation <i>None</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Don't know</i>				Father's Birthplace _____			
Mother's Maiden Name <i>Sarah Stanley</i>				Mother's Birthplace <i>Talbot Co. Md</i>			
Name of person giving information <i>John Stanley</i>				How related to deceased <i>grand-father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days -</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. A. B. Ross</i>
	Address <i>Prappe, Md</i>
Accident or Suicide	



Name
in
Full

Thomas Jefferson Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wye Landing</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death	<i>1900</i>	Month <i>May</i>	Day <i>8</i>	Age <i>58</i> <small>Years</small>	Months Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Cordova, Md</i>		
Occupation <i>Farm Hand</i>		Where Residing if not at place of death <i>Bryantown</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Wilmer</i>				
Father's Name <i>Perry Wilmer</i>	Father's Birthplace <i>Talbot, Md</i>		Mother's Birthplace <i>Talbot, Md</i>		
Mother's Maiden Name <i>Mollie Emory</i>	Name of person giving information <i>Wesley Wilmer</i>		How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary <i>Chronic Rheumatism</i> <i>79</i>	How long <i>10 years</i>
Immediate <i>Valvular Dis of Heart</i>	How long <i>2 or 3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. M. Stille M.D.</i>
	Address <i>Cordova Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Rizdon Louis Wilson Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓

Died *near* ^{Town} *Boston* ^{County} *Talbot* MARYLAND

Date of death **1900** Month *2* Day *15* Age *20* Months *1* Days *18*

Sex *Male* Color or Race *Negro* Birth-place *Talbot Co. Md*

Occupation *Shoemaker* Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Rizdon Louis Wilson* Father's Birthplace *Talbot Co. Md*

Mother's Maiden Name *Maryann Ann Halley* Mother's Birthplace " " "

Name of person giving Information *Rizdon L. Wilson* How related to deceased *Father*

CAUSES OF DEATH

Primery *Pulmonary Tuberculosis* How long *3 years*

Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Joseph A. Boesher*
Address *Frederick, Md*

PHYSICIAN
OR CORONER

Accident or Suicida _____

